

State of Wisconsin
Department of Natural Resources
PO Box 7921, Madison, WI 53707-7921

Safety Course Instructor Certification Application
Form 8500-067 (R 3/01)

Notice: This application must be completely filled in. Applicant must be 18 years old or over. A complete character, background, and criminal history check will be conducted by a State of Wisconsin Conservation Warden. Sections 23.33(5)(b), 29.591, 30.74(1), and 350.05(2), Wis. Stats. Personally identifiable information on this form will be used during your character, background and criminal history check and safety course notifications.

Instructor
Manual Needed
☐ Yes ☐ No

For (select one): ☐ BOATING ☐ HUNTER ☐ BOWHUNTER ☐ SNOWMOBILE ☐ ATV

Applicant Name (Last, First, M.I.) Date of Birth ☐ Male ☐ Female

Address Home Telephone County

City, State, ZIP Work Telephone Student Certificate #

I agree to certify only those students who have successfully completed the Wis. Safety Course and to abide by the instructor requirements. Complete other side. Applicant's Signature Date

I verify that the applicant has completed the requirements necessary for instructor (status) certification. Sponsoring Instructor's Signature Date

DNR Use Only		
Instructor Number		
Background Check		
<input type="checkbox"/> NCIC	<input type="checkbox"/> DNR	<input type="checkbox"/> CHRI
<input type="checkbox"/> LOCAL	<input type="checkbox"/> DOT	
<input type="checkbox"/> Other _____		
Cons. Warden's Approval		
Date		
Recreational Safety Warden		
Date		

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As evidence of my desire to obtain Education / Safety Program Instructor status from the Department of Natural Resources, I hereby empower the Department or its authorized representative bearing this release to, while my application for instructor is pending, obtain information and records pertaining to me from any or all of the following sources:

1. Selective Service System.
2. Any previous employer.
3. Present employer, at an appropriate time in the investigation.
4. Any school, college, university or other educational institution.
5. Law Enforcement Agencies (including criminal records checks).

I understand that the above information is necessary for determining my eligibility and suitability to be certified as a Department of Natural Resources Education / Safety Program Instructor.

I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, because of compliance with this authorization and request to release information or any attempt to comply with it.

Signature (Full Name)	Date Signed
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